

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED

AFTER
1st AMENDMENT

AFTER
2nd AMENDMENT

IND. DEP.

IND. DEP.

IND. DEP.

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IND. DEP.

IND. DEP.

IND. DEP.

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TOTAL

IND.

TOTAL

DEP.

TOTAL

CLAIMS

TOTAL

IND.

TOTAL

DEP.

TOTAL

CLAIMS

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IND.

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CLAIMS